



National Aeronautics and  
Space Administration

Dryden Flight Research Center

## Contractor Monthly Accident Report

Please return to Safety, Health, and Environmental Quality Office	Contract Code:	FY NASA:	Month Reporting:
1. Contract Number NAS:			
2. Company Name:			
3. Contract Monitor (NASA):			
3a. Extension:		3b. Mail Stop:	
4. Average number of employees this month:			
5. Number of work hours worked this month:			
6. Number of injuries this month: **			
7. Number of lost time injuries this month: **			
8. Lost time days this month:			
<b>Totals (NASA Fiscal Year) *</b>			
9. Total work hours worked year-to-date:			
10. Total lost time occurrences year-to-date:			
11. Total lost time days year-to-date:			
Prepared By:			
Phone Number:			
Address or Mail Stop:			
  * NASA Fiscal Year = (October 1 - September 30) ** Please attach NASA Form 1627 (Mishap Report) for any injuries requiring more than first aid if not already submitted.			